
Adult OB/Gyn Emergencies:

Management of Obstetric Complications



Note Well: *This protocol identifies specific pregnancy complications requiring immediate care (pre-eclampsia, eclampsia, prolapsed cord, limb presentation and breech presentation).*

If patient is in cardiac arrest, standard resuscitative measures and procedures should be taken without modification. Refer to the appropriate protocol and consider underlying causes.

Pre-eclampsia / Eclampsia

Signs and symptoms include: Hypertension, marked peripheral edema, nausea, vomiting, headache, and seizures (eclampsia).

I. All Provider Levels

1. Refer to the Patient Care guidelines.
2. Provide 100% oxygen via NRB, if respiratory effort is inadequate assist ventilations utilizing BVM with 100% oxygen.
3. Establish an IV of Normal Saline KVO or Saline lock.



II. Advanced Life Support Providers



Note Well: *If the patient is experiencing seizure activity, proceed directly to Medical Control options.*



III. Transport Decision

1. Transport immediately in position of comfort or left lateral recumbent if tolerated.

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IV. The Following Options are Available by Medical Control Only

1. Magnesium Sulfate 2 gms in 10 cc normal saline IVP, administered over a 5 minute period.
2. Diazepam 2.0 - 5.0 mg slow IVP to a maximum of 10 mg (Reassess every 3 - 5 minutes after administration).

Prolapsed Cord

I. All Provider Levels

1. Refer to the Patient Care Protocol.
2. Provide 100% oxygen via NRB if tolerated.
3. Place patient in a knee-chest position (face down and buttocks up).
4. Insert a gloved hand and gently push the baby up the vagina several inches to release the pressure on the cord.
5. Keep the umbilical cord moist.



Note Well: Do not attempt to push the cord back into the vagina



II. Transport Decision

1. Transport immediately to the closest appropriate facility.

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Limb Presentation

I. All Provider Levels

1. Refer to the Patient Care Protocols.
2. Provide 100% oxygen via NRB if tolerated.
3. Place patient in left lateral position.
4. Encourage patient to relax and to take deep breaths.
5. Advise patient not to push



II. Transport Decision

1. Transport immediately to the closest appropriate facility.
 - A. Notify hospital of limb presentation
2. Delivery should not be attempted outside hospital if possible.



Note Well: *Prepare for a spontaneous delivery during transport.*

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Breech Presentation

I. All Provider Levels

1. Refer to the Patient Care Protocol.
2. Allow buttocks and trunk to deliver spontaneously.
3. Once legs are clear, support the trunk and allow the head to deliver.
4. If the head does not deliver immediately, place a gloved hand in the vagina with your palms towards the baby's face. Form a "V" with your fingers and push the vaginal wall away from the baby's face until the head is delivered. Make sure to check for the chord.



II. Transport Decision

1. Transport immediately to the closest appropriate facility providing supplemental oxygen.